

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006348

FILED  
Apr 15, 2006  
Secretary of State

Entity Name: L.C. CALLAHAN ENRICHMENT CENTER, CORP

**Current Principal Place of Business:**

12637 BISCAYNE LAKE DR  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

12637 BISCAYNE LAKE DR  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 56-2289425      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALLAHAN, DELORES  
12637 BISCAYNE LAKE DRIVE  
JACKSONVILLE, FL 32218      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CALLAHAN, DELORES  
Address: P.O. BOX 26215  
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP ( ) Delete  
Name: CALLAHAN, CARLOS  
Address: P.O. BOX 26215  
City-St-Zip: JACKSONVILLE, FL 32226

Title: T ( ) Delete  
Name: MARSHALL, TREVA  
Address: 2760 CYPRESS HEAD TRAIL  
City-St-Zip: OVIEDO, FL 32765

Title: S ( ) Delete  
Name: GIVENS, CHARLES  
Address: 2052 NORTH EAST AVENUE  
City-St-Zip: BALTIMORE, MD 21227

Title: T ( ) Delete  
Name: CARTER, JONATHON  
Address: 4497 ADAM COURT  
City-St-Zip: REX, GA 30273

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELORES CALLAHAN

P

04/15/2006

Electronic Signature of Signing Officer or Director

Date